

CLAIMS ONLY							Application Number 09/488976	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51	
2		/					52	
3			/				53	
4	/						54	
5			/				55	
6							56	
7							57	
8							58	
9	/						59	
10							60	
11							61	
12	/						62	
13							63	
14							64	
15							65	
16							66	
17	/						67	
18							68	
19							69	
20	/						70	
21							71	
22							72	
23							73	
24							74	
25							75	
26							76	
27							77	
28							78	
29							79	
30			/				80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
Total Indep	<i>10</i>						Total Indep	
Total Depend	<i>24</i>						Total Depend	
Total Claims	<i>30</i>						Total Claims	